

ANNUAL REPORT

TO THE

MEMBERS OF

SHORT HEATH

Urban District Council

BY

JOHN T. HARTILL,

L.R.C.P.L., M.R.C.S., Eng., J.P.,

MEDICAL OFFICER OF HEALTH.

January 29th, 1895.

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MEDICAL OFFICER'S ANNUAL REPORT,

1894.

The estimated population at Midsummer was 2667, who occupied 519 houses. One hundred and nineteen children were born in the year, giving a birth-rate of 44·6 per thousand. Forty-three persons died, giving a death-rate of 16·1 per thousand—as compared with 16·5 per thousand in the previous ten years. The death-rate from preventable causes was 5·9, as compared with 1·8 in the previous ten years, a rate which has only twice been exceeded in the last twenty-three years, the last year being 1877.

Within the year there came to my knowledge 90 cases of Small Pox, 3 of Scarlet Fever, 1 of Diphtheria, 1 of Membranous Croup, 1 of Typhoid Fever, 45 of Whooping Cough, 2 of Measles, 1 of Chicken Pox, 1 of Diarrhœa, and 24 of Influenza. Of these 16 were fatal. Sickness from general causes was decidedly below the average.

As far as surrounding circumstances would allow, great pains were taken to prevent the spread of Scarlet Fever, Diphtheria, and Measles: and these were happily so successful that no case caused the infection of any other person within the district. Nothing local was ascertained which might have caused the case of Typhoid Fever, but the milk pails whence the supply of milk came were rinsed with spring water, which is everywhere hereabouts liable to contamination. There was an unusual absence of Summer Diarrhœa, to which no doubt the coolness of the season contributed. Whooping Cough was unusually severe, and very fatal to the very young.

I wish now to draw the attention of the Council to the 90 cases of Small Pox, and to ask the Council and the public to study Tables D and E, appended hereto, which have reference to those cases. As a preliminary, I may state that previous to 1872 there was much neglect of vaccination. In that year Small Pox raged

especially at New Invention, and the death-rate rose in consequence of the epidemic to 32 in the thousand. During the progress of the epidemic large numbers were vaccinated or revaccinated, and escaped the disease. From 1872 to about 1882 or 1883 efficient vaccination of infants was much more common than it had hitherto been. Since then there has been a progressive decline in the quality of vaccination, until, as shewn in my last annual report, only about one-third of the children examined in a school could be said to be well vaccinated, whilst about 11 per cent. had never been vaccinated. From 1873 to 1893, for practical purposes, it may be said none were revaccinated, but in 1894 I have reason to believe revaccinations were numerous. Of the 90 persons who contracted Small Pox, two who were vaccinated in infancy were revaccinated in 1894—one six days before, and one nine days before the disease broke out in them. There was no case of revaccination among the remainder. As the period of incubation of Small Pox is about 14 days, and the full protective power of vaccination is not conferred until about 14 or 16 days after vaccination, it follows that the poison of Small Pox was actually in the blood before the persons were vaccinated. Nevertheless, in both cases the disease was cut short. It will thus be seen that the whole of the persons who had been revaccinated more than 16 days, including the numerous body revaccinated in 1872, escaped Small Pox. Of the 90 persons who suffered from Small Pox, 29 had never been vaccinated, and 61 had been vaccinated; and the conclusions which an impartial examination of the facts reveal are—

Firstly, The death-rate among the unvaccinated was more than four times greater than that among the vaccinated. Secondly, That whereas the cases which might be described as ranging from severe to moderately severe among the unvaccinated constituted 96·5 per cent. of all the sufferers, the cases which might be so described among the vaccinated represented a total of only 19·6 per cent. of those attacked. Thirdly, That whereas the cases which might be so described among those who had been vaccinated in infancy in four places represented only 14·2 per cent. of the sufferers, the cases which might be so described among the revaccinated represent 0·0 per cent. Fourthly, That whereas no vaccinated child under the age of 5 years contracted the disease, just one-tenth of all the 90 were less than 5 years old and unvacci-

nated. Fifthly, That vaccination with four vesicles confers much greater protection against Small Pox than a smaller number. Sixthly, That—bearing in mind the vaccination statistics in my last annual report, and also the facts herewith recorded—imperfect vaccination with a smaller number of vesicles than four confers considerable protection against Small Pox, at any rate for a limited number of years. And, lastly, That vaccination plus revaccination confers almost absolute protection against the disease in a severe form.

He who in the face of facts such as these refuses to submit himself and his family to the comparatively trifling inconvenience which vaccination causes deserves little sympathy from the State, for he not only fails to protect his own health—a matter that more immediately concerns himself—but deliberately constitutes himself a danger to his neighbours, for whom the State should care. That many have been gulled into the belief that vaccination is not beneficial and Small Pox not contagious is undoubtedly true; but it is hoped the people of Short Heath will learn aright the lesson this epidemic can teach, and prudently guard themselves against the disease, for though there has been no fresh case since November, the danger is not over.

At intervals from 1874, to January, 1894, I directed the attention of the Council to the value of Isolation Hospitals, and always maintained that cases of Small Pox should be treated in a separate institution from that designed to treat other contagious diseases, and that they should be under separate management. My last annual report indicated the nearness of Small Pox to your doors. In the first week in May, when there was Small Pox close to your boundaries on two sides, I wrote, “there is urgent need of an Isolation Hospital, or the provision of cottages in an isolated place, to receive the *earliest cases* of this disease—should any occur. Isolation Hospitals, to be of real service, must be equipped and in readiness to receive patients without delay if they are to be of use in preventing the contagion spreading. When once the disease has spread, Isolation Hospitals may be a comfort and convenience to the sick poor, but their utility to prevent the spread of disease after it has obtained a good start is very limited. It therefore follows that if the Board intend to provide the means of isolation, their action should be

immediate, or any good intentions they may have may be frustrated." The first case of Small Pox came to my knowledge on May 10th, and almost simultaneously there were cases at two other centres, and these were rapidly followed by other cases at other centres. Every effort was immediately made to get as many vaccinated as possible; and, whilst I was desirous to secure isolation, I was firmly convinced of the untrustworthiness of isolation unless accompanied by vaccination. On the 21st of May, having by request examined some premises in Bentley Lane, I made a report of their thorough unsuitability for isolation, both as regards site and structure, for Small Pox cases. By the end of June the Council had practically acknowledged its powerlessness to provide isolation during that epidemic, but that "does not relieve them from the necessity of considering what provision they can make for the prevention of epidemics in the future by having a place in readiness to which the earliest sufferers may be conveyed." At a later date eight cases were admitted into the temporary Willenhall Isolation Hospital, by arrangement between the two Boards, but it is doubtful whether the Willenhall Council would sanction this in the future, should the need arise. I therefore advised the Council to petition the County Council to get their district associated with a larger area for which, under the Isolations Hospital Act, 1893, a hospital for joint use by several Councils for Small Pox may be erected; and I further advise the Council to provide—say for a start—six beds within their own district for the treatment of the earlier cases of other infectious diseases—especially Scarlet Fever. General isolation during a large epidemic, I am perfectly satisfied, is unattainable in a district so small and so poor as Short Heath. The value of even a small hospital can be estimated by the fact that the last case of Small Pox was taken to a hospital direct from the public streets. In this case I advised an investigation as to whether there was wilful exposure by the sufferer, or of the sufferer by her guardians, and am informed the Council do not deem it a case for prosecution. Forty-two houses were fumigated with sulphurous acid after there had been cases of Small Pox within them.

For the first time in the history of the Board, a systematic house-to-house inspection was made by your Inspector of Nuisances, acting under my guidance, and for the first time your Inspector

was more in touch with your Medical Officer, because he now calls upon him for suggestions once in each week. From this inspection it appears that out of 519 houses only three were unoccupied ; the source of the water supply to 452 houses was the public mains, to 58 houses private wells, to 1 house a spring, whilst 5 appear to have no supply. With regard to the houses supplied from wells and spring, as most of the wells are shallow and liable to pollution, water from them should frequently be submitted to me for examination. The houses with no supply of water are in Hunt's Lane and Ashmore Lake, to both of which the mains are conveniently near, and I therefore advise notice be given for a service from the mains. In the house-to-house inspection book I have underlined in red ink 157 bedrooms in which 670 persons sleep—an average of over $4\frac{1}{4}$ to each room. This suggests a probability of serious overcrowding, to which the Council should direct serious attention, and as a preliminary step to this it appears to me more houses must be built. There can be no doubt 25 new houses for artisans would be immediately let. The following particulars are also interesting, as shewing the social condition of the people, and of the need for more efficient disposal of the sewage. Out of 519 houses, 311 have two bedrooms, 57 only one bedroom, 97 have no back doors, 47 have neither back doors nor other ventilation at the back, and 10 have no back yard or garden. The drainage of 343 houses passes into the street channels, of 26 into public drain, of 52 on to fields near, of 30 into canal, of 16 into watercourses, of 48 into ditches, whilst that of 4 is provided for in other ways. The number of houses using privies connected with open ashpits is 354 ; using privy cesspits not connected with ashpit, 49 ; having water-tight privies connected with covered and ventilated ashpits, 90 ; having water-closet, 1 ; having open ashpits separate from privies, 24 ; having covered ashpits separate from privy, 1. The 35th section of the Public Health Act, 1875, gives the Council power to cause proper coverings to ashpits and privies to be provided, and as decomposition leading to nuisance proceeds much more rapidly in the presence of wet, I have always held that such conveniences should be water-tight above and below, and be well ventilated. Otherwise the ashpits and privies are in good order, and the Night-soil Contractor is said to have done his work well.

The disposal of the sewage has been under consideration by

the Council, but I understand no conclusion has yet been arrived at. The Council has to bear in mind not only the interests of their own district, but the terms of the Rivers Pollution Act, which aims at protecting other districts.

The proposed new bye-laws have not yet come into operation. They are likely to be in force soon.

During the year I inspected all the Workshops—⁷¹~~171~~ in number. The whole of these have been limewashed within 14 months, ³³~~143~~ in consequence of the rule laid down at my first inspection, and 38 after request from me. Seven nuisances in or near workshops were also abated—all without friction with any employer.

The need for the Council adopting the Notification Act has been frequently demonstrated. Nearly all the Authorities in the County have adopted it. Why does Short Heath still hesitate?

I am, Gentlemen,

Yours obediently,

JOHN T. HARTILL.

Willenhall,

M.O.H.

January 29th, 1895.

P.S.—What was known until December, 1894, as the Short Heath Urban Sanitary Authority became from January 1, 1895, the Short Heath Urban District Council.

Tables containing abstract of all information required by the Local Government Board and the County Council are appended. The actual Tables sent by them have been filled up, and will be returned with a copy of this report to them.

TABLE A.

Shewing the Deaths classified according to Diseases and Ages, &c.

At all Ages.	Under One Year.	One and under Five.	Five and under 15.	Fifteen and under 25.	Twenty-five and under 65.	Sixty-five and upwards.
43	17	9	1	1	8	7

DEATHS.

	Under 5.	Over 5.
From Small Pox	3	3
„ Croup	1	
„ Whooping Cough	8	
„ Diarrhoea	1	
„ Bronchitis, Pneumonia & Pleurisy	5	3
„ Heart Disease		2
„ Injuries	1	3
„ Scarlet Fever		
„ Diphtheria		
„ Typhoid Fever		
„ Typhus Fever		
„ Puerperal Fever		
„ Influenza	0	0
„ Cholera		
„ Erysipelas		
„ Measles		
„ Rheumatic Fever		
„ Consumption and Ague		
„ All other Diseases	7	6
Total	26	17

Deaths: Males 23 } Total, 43; equal to a Death-rate of 16.1
 „ Females 20 } per thousand.

Births: Males 59 } Total, 119; equal to a Birth-rate of 44.6
 „ Females 60 } per thousand.

Population Census 1891 .. 2514.
 „ Midsummer 1894 .. 2667.

Deaths in Union House from the town of Willenhall,
 including Urban Districts of Willenhall and Short
 Heath } 15

Area in Acres 550.

TABLE B.

Shewing New Cases of Infectious Disease and Deaths therefrom, &c.

	New Cases.		Deaths.		Infected Houses.
	Under 5.	Over 5.	Under 5.	Over 5.	
Small Pox ..	9	81	3	3	48
Scarlet Fever ..	1	2			3
Diphtheria ..	1				1
Membranous Croup ..	1		1		1
Typhoid Fever ..		1			1
Whooping Cough	31	14	8		27
Measles	1	1			2
Chicken Pox ..		1			1
Diarrhœa ..	1		1		1
Influenza ..		24			20

The Notification of Infectious Diseases is not
Compulsory.

Death rate from preventable causes, including
Diarrhœa, 5·9 per thousand.

TABLE C.

Summary of Work by Inspector of Nuisances.

Houses Inspected	...	...	...	...	...	519
Schools	„	...	...	...	...	3
Dairies	„	thrice	...	...	...	5
Cowsheds	„	thrice	...	...	...	5
Bakehouse	„	thrice	...	...	...	1
Slaughter-house Inspected thrice	...	...	...	...	...	1
Ashpits, privies, and pigstyes Inspected	...	...	...	...	...	all
Informal notices to abate nuisances from foul conditions, structural defects, and overcrowding in dwelling-houses...	...	...	...	...	...	} 5
Nuisances abated after notice	...	...	...	...	...
Informal notices to abate nuisances from ashpits and privies	...	...	...	...	...	} 3
Nuisances abated after notice	...	...	...	...	...
Nuisances not yet abated after notice	..	...	...	...	...	1
Informal notices to abate nuisances in workshops; from pigstyes, and from animals improperly kept	...	...	...	...	...	} 7
Nuisances abated after notice	...	...	...	...	...
Lot of infected bedding destroyed	...	...	...	...	...	1
Houses disinfected after infectious disease	...	...	...	...	...	42
Formal notice by Authority	...	...	...	...	...	0

